

Legislative Testimony
HB 5630 AAC The Establishment Of Licensure For An Advanced Dental
Hygiene Practitioner
Public Health Committee
Monday, March 16, 2009
Dr. Cary Shapoff, D.D.S.

Good afternoon Senator Harris, Representative Ritter, and members of the Public Health Committee. Please except this as my written testimony in opposition to HB 5630. My name is Cary Shapoff. I taught the periodontics didactic course for the second semester of dental hygiene at Fones School of Dental Hygiene for 8 years. I have lectured often to hygienists at schools and in large group settings and am familiar with the general knowledge level of hygienists trained at various programs. I have great respect for the dental hygiene profession but cannot imagine their future training would be as complete and the BASIC knowledge taught in dental school of twice the length of study.

I currently am the Vice Chairman of the American Board of Periodontology which is a certifying Board for the American Academy of Periodontology. We examine and credential periodontists, desiring to be a Diplomate of our specialty, who has three years of advanced specialty training following a four year dental education. It is obvious that some of these candidates still lack sufficient knowledge. I can't imagine how incomplete the knowledge base of two additional years beyond the dental hygiene program would be to prepare a student hygienist to make treatment planning decisions, triage and treat teeth and tissues in an irreversible manner.

Currently there are a huge number of dental school applicants for the class size. Schools choose the best and brightest and it still takes a minimum of four years and often a general residency to have the baseline knowledge and skills to provide patient care.

The Dental Hygienist (RDH) is a valuable member of the dental team and provides valuable services in management of early soft tissue inflammatory issues, patient education, and dental hygiene maintenance- BUT those services and their background do not constitute or include the list of dental treatment services that are listed in HB 5630. Those are dental treatment service which represents *irreversible* procedures to teeth and tissue.

In regards to the term "Dental Hygiene Diagnosis" there exists no such thing that is different from TRUE dental diagnosis- which requires at least a four year training program and a dental license. There are numerous subtleties involving the medical history, a careful and detailed examination of all oral structures that would not be capable of being taught in their expanded program of two years. Those procedures

are hardly taught completely in a four year dental program. To have incompletely trained Para-professionals practicing **irreversible** dental procedures on the public is not in the best interest of the public.

The term treatment planning and dental triage is also ridiculous- treatment planning starts with diagnosis and a clear understanding of all issues and all treatment options (restorative) available to a patient. Dental hygiene training even with two additional years would still not qualify to provide treatment planning. Dental triage results in **irreversible** treatment that is beyond the scope of even advanced dental hygiene training.

The real issue in HB 5630 is not access to care- it is a back door method to create a better economic opportunity for those few dental hygienists taking the program. The underserved public needs to be treated with the same competent care of a private practice patient- with the same care and respect. To assume that providing less qualified care (by less completely trained individuals) creates a "class-system" of care which is not in the best interest of the public in Connecticut. If these special dental hygienists want to provide the dental treatment care- why not go to DENTAL school for FOUR years like the rest of us. Pay those tuitions and start their practice \$\$\$ in the hole.

The public deserves proper dental care. Start with providing acceptable and reasonable reimbursement fees to treat patients requiring public assistance. There will be many dentists willing to help. We have seen this already with the HUSKY program. Other states that have some expanded function dental professionals- these providers do not stay in area of helping the indigent- they move into locations that can provide expanded REVENUE.

Dentistry is more difficult now, more complex procedures on more complex patients, considering an increasing aging population, increasing use of medications, increasing contributing medical issues and risk factors. All proper dental treatment planning skills must consider all these factors. These cannot be taught in the scope of the program of an Advanced Dental Hygiene Practitioner as proposed in HB 5630. Again- let these individuals go to dental school. Better yet, perhaps figure out a way legislatively where these few highly motivated individuals can be "fast-tracked" into dental school, perhaps covering their tuition in return for X-number of years working exclusively in a public health facility.

Respectfully Submitted,

Cary A. Shapoff, DDS